

Grimes Parks & Recreation Department

Telephone: (515) 986-2143

Fax: (515) 986-3846

www.grimesiowa.gov

CITY OF
GRIMES



Summer Kidtivities Program

Program Description:

This program is back for another summer. Kids will be able to socialize with other kids their age, make arts/crafts, play fun games, and have a little free time on your own at the end. There are different age-appropriate programs set up for each day taught by instructors with assistance from the parents if needed. Min. 10/Max of 25 per age group.

Who: For Boys and Girls Ages 3 and Up

Where: Grimes Community Complex

Date: Wednesdays, June 10 – July 15

Times: 9:00-9:45am: Ages 3-5
10:00-10:45am: Ages 6 & Up

Questions: Contact Brett Barber, Grimes Parks & Recreation Director at bbarber@ci.grimes.ia.us.

To Register: Register ONLINE, OR bring in registration to the GCC, OR mail to City Hall at 101 N. Harvey St. in Grimes.

Cost: \$18 per child for whole session or \$3 per class



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2009 "Summer Kidtivities Program" Registration Form

PARTICIPANT'S NAME: _____ DOB: _____ Age: _____

PARENT/GUARDIAN'S NAME: _____

STREET ADDRESS: _____ CITY: _____ ZIP CODE: _____

EMAIL: _____ PHONE: _____

I would like to be added to the Grimes Parks and Rec Email List: YES NO ALREADY ON LIST

Please Circle: Ages 3-5 Ages 6 & Up

Please Circle: June 10 June 17 June 24 July 1 July 8 July 15

Cost is \$18 per child for whole session or \$3 per class.

Release and Indemnification Agreement:

I hereby request that you accept my child's application for registration in this Grimes Park and Recreation Department program. With consideration of your acceptance of my child, I hereby release the City of Grimes, its employees, and the coaches and volunteers associated with this program from all claims which may arise in the event my child is injured in an accident that occurs while he or she is participating in this program. I further agree to indemnify the City of Grimes, its employees, and the coaches and volunteers associated with this program for any claim, which may hereafter be presented on behalf of my child as a result of any such injuries. I hereby acknowledge that it is my responsibility, not the responsibility of the City of Grimes, to provide medical insurance coverage in the event I desire to have medical insurance coverage for my child while he or she participates in this particular activity. I will also allow pictures of my child during this program to be used only for the marketing purposes of future Grimes Parks and Recreation programs.

Signature of Parent or Guardian

Date

Grimes Community Complex ~ 410 S. Main St. in Grimes